

our troops from unfair prosecutions if we aren't at the table to win those protections.

I also believe that threatening our allies and trying to bully them into changing their position on the ICC, rather than sitting at the table to work these issues out, was a mistake. There are ways to protect our interests that do not involve infuriating the allies that we need to win the war on terrorism.

Certainly there are better ways to protect our interests than to stand in the way of trying people guilty of what our own administration has called genocide.

The American Servicemembers Protection Act, which Congress passed to give concrete form to the objections that many have to the ICC, contains a provision stating:

Nothing in this title shall prohibit the United States from rendering assistance to international efforts to bring to justice Saddam Hussein, Slobodan Milosovic, Osama bin Laden, other members of Al Qaeda, leaders of Islamic Jihad, and other foreign nationals accused of genocide, war crimes or crimes against humanity.

It seems to me that the crisis in Darfur may be precisely the kind of situation that such a provision was intended to cover. We have an interest—a moral interest and a political interest—in refusing to accept impunity for the grave abuses that have been committed in Darfur and in promoting long-term stability by insisting on accountability. There is no question of American troops or political figures being involved. The legitimate concerns that we have with the ICC simply are relevant to this situation.

The administration's position today, as I understand it, is that we should create an entirely new international tribunal for Sudan. If that is what it takes to bring some justice to the people of Darfur, so be it. But it is not really difficult to understand why other members of the international community would be resistant to creating an entirely new structure, potentially every time that serious crimes against humanity occur, when a structure already exists for the express purposes of dealing with these issues. Particularly when our own administration has been pressing existing ad-hoc tribunals to wrap up their costly but important work, it seems odd to create another ad-hoc mechanism when the ICC exists. Most worryingly, it gives those who would rather continue to wallow in endless reviews and deliberations while people in Darfur die another opportunity to delay reviews and meaningful action.

So I believe that the administration should think about what makes good sense in this case. Efforts to bring an end to the crisis in Darfur have faltered, time and again, due to a lack of multilateral political will. Security Council members were unable to do more than contemplate the possibility of sanctions in the face of a terrible

man-made catastrophe. We must continue to build a solid international coalition to pressure the Sudanese regime. I know that many of my colleagues and many in the administration share my frustration with the grace periods, the delays, the empty threats, and the hesitations. It is well past time, then, to do something about that. If we can send a former Secretary of State around the world to encourage others to relieve Iraqi debt, then we can appoint a very senior Presidential envoy to focus on this problem, to drum up support in capitals around the world, to squeeze every drop of potential cooperation from others with intense discussions and negotiations. The Government of Sudan should feel intense pressure every day, not hear mild scoldings and mixed messages every month or so. And the U.S. should not muddle our message by getting tangled up in our contorted position on the ICC.

Now the Commission of Inquiry's report has the potential to prod other states into action. It would be a terrible shame if the United States, once at the forefront of urging action on Sudan, now became a part of the problem.

MEDICARE ENHANCEMENT FOR NEEDED DRUGS ACT

Mr. FEINGOLD. Mr. President, I am proud to join the Senator from Maine, OLYMPIA SNOW, and the Senator from Oregon, RON WYDEN as an original cosponsor of the bipartisan Medicare Enhancement for Needed Drugs (MEND) Act. This bill takes necessary steps to ensure that our seniors, and our taxpayers, receive the best price possible on prescription drugs under the new Medicare prescription drug benefit. One of the primary reasons I voted against the Medicare Modernization Act was because I felt that it did not go far enough in addressing the skyrocketing prices of prescription drugs. Without strong, proactive measures to keep the prices of prescription drugs in check, seniors will continue to struggle to afford their prescription drugs, even with Medicare's help, and the overall cost of the Medicare Program will continue to mushroom.

There is bipartisan agreement that by prohibiting the Medicare Program from negotiating the prices of prescription drugs, the Medicare Modernization Act is actually failing to utilize the purchasing power of the Medicare Program. The MEND Act will repeal this prohibition, and allow—and in some circumstances mandate—the Secretary to negotiate the prices of prescription drugs. This type of negotiation will save taxpayers' dollars while reducing the costs of prescription drugs for Medicare beneficiaries.

The MEND Act also provides Medicare beneficiaries and taxpayers with valuable information on the prices of prescription drugs under the new Medicare benefit. This reporting will ensure that the prices of the drugs most used

by seniors do not go up just as the Medicare prescription drug benefit goes into effect. It will also ensure that seniors and others who depend on Medicare have the complete, accurate information they need when deciding upon a prescription drug plan under Medicare.

It is important that we act now, in a bipartisan manner, to fix the flaws included in the Medicare Modernization Act before the prescription drug benefit begins next year. The MEND Act will help both those who depend on the Medicare Program, and those who have to pay for it, by acting to rein in the skyrocketing prices of prescription drugs.

HELPING TO PREPARE PROVIDERS TO CARE

Mr. AKAKA. Mr. President, so many of VA health care providers are truly dedicated to treating all of the ailments veterans face, including psychological ones. In an attempt to help VA providers understand the special needs of Operation Iraqi Freedom and Operation Enduring Freedom veterans, one particular VA health care region has made special efforts.

The Brockton Division of the VA Boston Healthcare System Continuing Education Committee hosted a conference, entitled "Preparing for the acute and long-term needs of Afghanistan and Iraq war veterans." Several experts in their respective fields served as speakers and made presentations to attendees. Brett Litz, Ph.D., of the National Center for Post Traumatic Stress Disorder, PTSD, discussed "Promoting Continuity of Care and Understanding: Putting the Long-Term Impact of the War in Afghanistan and Iraq in Context." Dr. Litz helped the crowd to appreciate the active-duty military mental health culture; understand the early intervention and the variety of interventions for acute trauma; and appreciate high probability themes to war-zone traumas in Afghanistan and Iraq veterans.

Lieutenant Colonel Chuck Engel, MD, MPH, of Walter Reed Medical Center, addressed "Quality of Post-Deployment Health Care in the Defense Health System—Steady Progress or Unified Promises?" Lt. Col. Engel informed attendees of the strengths and limitations of Deployment health initiatives in the Department of Defense; ways to improve the continuity of care from postdeployment to discharge and beyond; and the role of primary care in identifying and treating mental health problems caused by exposure to war.

Lieutenant Colonel Carl Castro, Ph.D., of Walter Reed Army Institute of Research, spoke about the "Impact of Combat on the Mental Health of Soldiers," focusing on the findings of the Mental Health Assessment Team's evaluation of Iraq War veterans mental health and well-being in the warzone; the findings of the psychological screening program in the U.S. Army; and the risk and resilience factors that